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WEEKLY BULLETIN

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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WILTON L. HALVERSON, M.D., Director



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GUY P. JONES
Editor

REGULATIONS OF THE CALIFORNIA STATE BOARD OF PUBLIC HEALTH FOR THE CONTROL OF COMMUNICABLE DISEASE

Notification

SECTION 10

It shall be the duty of every physician or practitioner, every superintendent or manager of a dispensary, hospital, or clinic, or any person in attendance on a case of a reportable disease or a case suspected of being a reportable disease, to report the case immediately upon the proper form provided for that purpose by the State Department of Public Health, to the local health authority, who shall in turn report at least weekly, on the prescribed form, to the Director of the State Department of Public Health, all cases so reported to him.

Amebiasis (Amoebic Dysentery)	Malaria
Anthrax	Measles (Rubeola)
Botulism	Meningitis, meningococcic
Chancroid	Mumps (Parotitis)
Chickenpox (Varicella)	Paratyphoid fever, A and B
Cholera, Asiatic	Plague
Coccidioidal granuloma	Pneumonia, infectious
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum)	Poliomyelitis, acute anterior
Dengue	Psittacosis
Diphtheria	Rabies, human and animal
Dysentery, bacillary	Relapsing fever
Encephalitis, infectious	Rheumatic fever
Epidemic diarrhea of the newborn	Rocky Mountain spotted fever
Epilepsy	Scarlet fever
Food poisoning	Septic sore throat, epidemic
German measles (Rubella)	Smallpox (variola)
Glanders	Syphilis
Gonococcus infection	Tetanus
Granuloma inguinale	Trachoma
Influenza, epidemic	Trichinosis
Jaundice, infectious	Tuberculosis
Leprosy	Tularemia
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)	Typhoid fever
	Typhus fever
	Undulant fever (Brucellosis)
	Whooping cough (Pertussis)
	Yellow fever

This list of reportable diseases may be changed at any time by the State Board of Public Health (Section 2571, Art. 3, Chap. 6, Health and Safety Code).

SECTION 15

Cases of Asiatic cholera, plague, typhus (louse borne epidemic type), and yellow fever are to be reported to the Director of the State Department of Public Health immediately by telephone or telegraph. (See Section 2569, Chap. 6, Art. 3, Health and Safety Code).

SECTION 20

When no physician is in attendance, it shall be the duty of any individual having knowledge of a person suffering from a disease presumably communicable or suspected of being communicable to report forthwith to the local health officer all the facts relating to the case, together with the name and address of the person.

Instructions to Household

SECTION 25

It shall be the duty of the physician in attendance on a case considered to be an infectious or communicable disease, to give detailed instructions to the members of the household in regard to precautionary measures to be taken for preventing the spread of the disease. Such instructions shall conform to the regulations of the State Department of Public Health and the ordinances in effect in the local community.

Investigation of the Case

SECTION 30

Upon being notified of a case of communicable disease or a suspected case of communicable disease, the local health officer shall make an investigation to determine if the case is one of the communicable diseases. If he finds the case to be one of the communicable diseases, or suspects the case to be one of the communicable diseases, he shall take such steps as he deems necessary to prevent the spread of the disease to others and to determine the source of infection.

SECTION 31

If the source of the infection is found to be outside his jurisdiction, the health officer shall notify the health officer under whose jurisdiction the infection was probably contracted, and the State Department of Public Health.

SECTION 32

If the case is one requiring strict isolation or quarantine, the health officer shall issue instructions to the patient and members

of the household regarding the measures to be taken to prevent the spread of the disease. Such instructions shall conform to the established procedures of isolation technique and shall include the following:

- (a) The patient shall have a separate bed in a room screened against flies.
- (b) All persons, except those caring for the patient, shall be excluded from the sick room.
- (c) The persons caring for the patient shall avoid coming in contact with any other persons within the household or elsewhere until every precaution has been taken to prevent the spread of infectious material from the patient's room.
- (d) The persons caring for the patient shall wear a washable outer garment and shall thoroughly wash their hands with soap and hot water after handling the patient or any object he may have contaminated. On leaving the room in which the patient is isolated, the attendant shall take off the washable outer garment and leave it in the room until disinfected.
- (e) All discharges from the nose and mouth shall be burned or disinfected. The discharges should be received in pieces of soft tissue or cloth and dropped into a paper bag which can be burned.
- (f) Objects which may have been contaminated by the patient shall be disinfected before being removed from the contaminated area.
- (g) The feces and urine of patients suffering from diseases in which the infectious agent in the feces or urine shall be disposed of according to instructions given by the local health officer.

Quarantine

SECTION 35

- (a) If the local health officer, upon making the investigation prescribed in Sections 30, 31, and 32, is satisfied that the case is one of the diseases requiring isolation of the case, and quarantine of the premises, he shall: define the area within which the patient is to be isolated, define the quarantined area; and affix the specified placard in a conspicuous place at the principal entrance to the premises.
- (b) When isolation of the patient and quarantine of the premises are established, the health officer shall determine the contacts that are subject to quarantine and issue instructions accordingly.
- (c) The placard used for quarantine purposes shall conform to the specifications prescribed in Section 2561 of the Health and Safety Code.
- (d) Until removal of this placard is authorized by the local health officer, no unauthorized person shall enter or leave the premises or remove any article therefrom without the permission of the local health officer.

Strict Isolation

SECTION 36

- (a) If the local health officer, upon making the investigation prescribed in Sections 30, 31, and 32 is satisfied that the case is one of the diseases requiring strict isolation or is very suggestive of one of the diseases requiring strict isolation he shall define the area within which the patient is to be isolated and issue instructions accordingly.
- (b) Diseases in this classification do not necessarily require quarantine of the premises unless in the judgment of the local health officer such quarantine is necessary for the protection of the public.
- (c) Strict isolation may be defined as the use of recognized isolation technique and must be sufficient to prevent the spread of the disease to non-infected persons.

Modified Isolation

SECTION 37

If the local health officer, upon making the investigation prescribed in Sections 30 and 31, is satisfied that the case is one of the diseases in which only a modified isolation is required, or is

very suggestive of a disease in which only a modified isolation is required he shall define the area within which the case is to be isolated and issue instructions accordingly. The degree of isolation required will depend upon the disease and must be sufficient to prevent the spread of the disease to other members of the family and to the public. The local health officer shall determine the isolation technique required and issue instructions accordingly.

Observation

SECTION 38

For the purposes of definition the term "observation" as used in these regulations shall refer to daily check upon the person under observation to determine whether such person is free of the disease for which he has been placed under observation, or has contracted the disease. Unless otherwise specified it does not mean the isolation or quarantine of the individual.

Amebiasis

SECTION 50

Isolation shall be as defined in Section 37.

The patient shall be isolated until clinically recovered and feces specimens have been determined by the laboratory to be negative for this infection. In case of public food handlers, 3 feces specimens shall be required, taken at intervals of not less than 3 days and proved by the laboratory to be negative for this infection (*endamoeba histolytica*). Under ordinary circumstances no control need be exercised over contacts.

Anthrax

SECTION 51

Isolation shall be as defined in Section 37.

The patient shall be isolated until the lesions have healed. No control need be exercised over contacts when the case is properly isolated.

Botulism

SECTION 52

The local health officer shall investigate all suspected cases of botulism at once in an effort to determine the source of infection. If a commercial canned product is suspected the health officer shall report immediately by telegraph or telephone to the State Department of Public Health and special instructions will be issued.

Chancroid

SECTION 53

See Sections 105 to 120.

Chickenpox

SECTION 54

Isolation shall be as defined in Section 37.

The patient shall be isolated for seven days after the appearance of the first crop of vesicles. The health officer shall investigate all cases of chickenpox in persons over 15 years of age and in any person in whom he has reason to suspect smallpox. When a person affected with chickenpox is properly isolated, members of the family or household are not subject to restrictions.

Cholera

(Asiatic)

SECTION 55

Quarantine as defined in Section 35. Also see Section 15.

(a) Case

The local health authority shall communicate immediately with the Director, State Department of Public Health by telephone or telegraph, regarding case or suspected case and special instructions will be issued.

(b) Contacts

Special instructions will be issued by the Director, State Department of Public Health.

Coccidioidal Granuloma

SECTION 56

Reportable only. Under ordinary circumstances no control need be exercised over case or contacts.

Conjunctivitis

(Acute infectious of the newborn)* (Ophthalmia Neonatorum)

SECTION 57

See Section 118.

Dengue**SECTION 58**

- (a) The case shall be confined during the first five days of the disease in a room or dwelling satisfactorily screened and kept free of mosquitoes.
- (b) No control need be exercised over contacts.

Diphtheria**SECTION 59**

Quarantine shall be as defined in Section 35. Quarantine of the premises shall not be terminated until the patient is free of all acute symptoms, and two successive negative nose and throat cultures obtained, taken at intervals of not less than 48 hours; and until negative release cultures have been obtained from each person within the quarantined area, as specified in Section 59.10. See also Section 133.

HOUSEHOLD CONTACTS**SECTION 59.10**

If the patient is isolated and the premises quarantined, the members of the household shall be confined to the quarantined area, except that, at the discretion of the health officer, these contacts may be released to live elsewhere under the following conditions:

- (a) If their nose and throat cultures are negative.
- (b) If any member of the household is a school child; or is engaged in an occupation bringing him in close association with children; or if his occupation involves the handling of milk or other foods, a second negative nose and throat culture shall be required after he leaves the quarantined area but before he shall be permitted to return or engage in any of these occupations. At least 48 hours interval shall occur between the taking of these specimens.

SECTION 59.11

If the patient is removed from the quarantined area for hospitalization or removed because of death, the infected area shall be satisfactorily cleaned and disinfected and then the household contacts may be released from quarantine as outlined in Section 59.10.

SECTION 59.12

After any household contact has been released under the provisions of Sections 59.10 and 59.11, he shall be kept under observation for a period of five days after the last exposure.

CASUAL CONTACTS**SECTION 59.20**

Any one not a member of the household who has been in close association with a case of diphtheria shall be placed in isolation until a nose and throat culture has been obtained. If the culture is negative the contact may be released from isolation but shall be kept under observation for a period of 5 days after the last exposure.

ANY CONTACTS**SECTION 59.30**

Any contacts not residing with the quarantined premises whose nose and throat cultures are found to be positive for diphtheria, shall be kept in strict isolation until two successive negative nose and throat cultures have been obtained as in the release of a case of clinical diphtheria, except that a virulence test may be requested for all casual contacts having a positive culture and if the virulence test is negative, such findings shall be accepted as a negative culture and the casual contact released.

SECTION 59.40

Whenever a case has been in quarantine for a period longer than four weeks, virulence tests should be made on the positive cultures from the case and the contacts in the quarantined

area and those cultures found to be avirulent may be considered as negative cultures. Those found to have virulent cultures may then be placed in a modified quarantine as provided in Section 127, if the health officer feels that such can be done without jeopardizing the public health.

Dysentery

(Bacillary)

SECTION 60

Isolation shall be as defined in Section 36.

(a) Case

The period of isolation and the restrictions imposed shall be the same as for typhoid fever except that the interval between the collection of specimens shall be at least 3 days.

(b) Contacts

The same requirements as for typhoid fever contacts. See also Section 133.

Encephalitis

(Infectious)

SECTION 61

Isolation shall be as defined in Section 36.

(a) Case

The period of isolation shall be for 7 days from the onset and the patient shall be kept in a room satisfactorily screened against insects.

(b) Contacts

No restrictions when the patient is properly isolated.

- (c) When there is doubt on the part of the health officer as to whether the case is one of poliomyelitis or infectious encephalitis the control measures instituted should be the same as for poliomyelitis. See Section 80.

Epidemic Diarrhea

(Of the newborn)

SECTION 62

- (a) Isolation shall be defined in Section 36. The definition as to what constitutes a reportable case of diarrhea of the newborn shall be as follows:

Diarrhea in the newborn up to three weeks of age occurring in a hospital giving maternity service. Diarrhea shall be considered to exist when an infant has four or more loose stools in 24 hours, except in the case of entirely breast fed infants who show no other signs of illness and who are gaining weight.

- (b) The infant patient shall be immediately placed in strict isolation until discharged from the hospital.

Infant contacts shall be kept in strict isolation until discharged from the hospital or institution.

In addition to these regulations (Sec. 62 (a) and (b)) the rules and regulations pertaining to maternity homes and hospitals, shall be followed.

Epilepsy**SECTION 63**

(And chronically recurring states of unconsciousness)

As required in Section 211 of the Health and Safety Code, the definition as to what shall constitute a reportable case of epilepsy shall be as follows:

Any condition which brings about momentary lapses of consciousness and which may become chronic shall be considered reportable under the term epilepsy.

(Continued in next issue)

Minorities are rich assets of democracy, assets which no totalitarian government can afford. For the majority itself is stimulated by the existence of minority groups. The human mind requires contrary expressions against which to test itself.—Wendell L. Willkie.

MORBIDITY ***Complete Reports for Certain Diseases Recorded for Week Ending May 1, 1943****CIVILIAN CASES****Chickenpox**

1533 cases from the following counties: Alameda 278, Contra Costa 10, Fresno 70, Humboldt 4, Imperial 26, Inyo 8, Kern 24, Kings 6, Los Angeles 353, Madera 10, Marin 17, Mendocino 35, Merced 1, Orange 41, Riverside 1, Sacramento 51, San Bernardino 21, San Diego 217, San Francisco 138, San Joaquin 25, San Luis Obispo 3, San Mateo 44, Santa Barbara 8, Santa Clara 47, Santa Cruz 15, Solano 58, Sonoma 6, Stanislaus 2, Sutter 2, Ventura 4, Yolo 1, Yuba 7.

German Measles

1568 cases from the following counties: Alameda 295, Contra Costa 44, Fresno 77, Inyo 1, Kern 16, Los Angeles 457, Madera 2, Marin 20, Orange 78, Riverside 2, Sacramento 46, San Bernardino 20, San Diego 140, San Francisco 128, San Joaquin 35, San Luis Obispo 10, San Mateo 29, Santa Barbara 23, Santa Clara 41, Santa Cruz 12, Solano 9, Sonoma 34, Ventura 42, Yolo 6, Yuba 1.

Measles

962 cases from the following counties: Alameda 100, Contra Costa 6, Fresno 8, Humboldt 26, Imperial 1, Kern 20, Los Angeles 343, Madera 7, Marin 6, Mendocino 3, Merced 2, Orange 3, Sacramento 19, San Bernardino 34, San Diego 100, San Francisco 96, San Joaquin 20, San Luis Obispo 8, San Mateo 14, Santa Clara 58, Santa Cruz 2, Solano 67, Sonoma 9, Stanislaus 1, Tehama 3, Tuolumne 1, Ventura 2, Yolo 2, Yuba 1.

Mumps

729 cases from the following counties: Alameda 75, Contra Costa 5, Fresno 18, Humboldt 17, Kern 4, Kings 15, Los Angeles 158, Madera 6, Marin 23, Mendocino 6, Merced 18, Orange 27, Sacramento 19, San Bernardino 9, San Diego 94, San Francisco 74, San Joaquin 71, San Luis Obispo 7, San Mateo 30, Santa Barbara 5, Santa Clara 13, Santa Cruz 1, Solano 19, Stanislaus 11, Sutter 1, Ventura 2, Yolo 1.

Scarlet Fever

124 cases from the following counties: Alameda 12, Contra Costa 3, Humboldt 1, Kern 3, Kings 1, Los Angeles 32, Marin 1, Orange 3, Sacramento 1, San Bernardino 1, San Diego 19, San Francisco 16, San Joaquin 2, San Mateo 2, Santa Clara 11, Solano 10, Stanislaus 1, Ventura 4, Yuba 1.

Whooping Cough

416 cases from the following counties: Alameda 57, Contra Costa 3, Fresno 9, Humboldt 1, Imperial 16, Kern 8, Kings 1, Los Angeles 122, Madera 4, Marin 4, Mendocino 2, Merced 5, Napa 5, Orange 1, Sacramento 13, San Bernardino 2, San Diego 27, San Francisco 29, San Joaquin 24, Santa Barbara 23, Santa Clara 2, Santa Cruz 16, Solano 13, Sonoma 3, Stanislaus 5, Sutter 1, Tuolumne 1, Ventura 14, Yolo 3, Yuba 2.

Diphtheria

22 cases from the following counties: Alameda 2, Calaveras 4, Contra Costa 1, Imperial 1, Los Angeles 5, Sacramento 2, San Bernardino 1, San Diego 1, San Joaquin 3, Stanislaus 1, Yolo 1.

Epilepsy

40 cases from the following counties: Los Angeles 38, Napa 1, Sacramento 1.

Diarrhea of Newborn (Epidemic)

2 cases from San Francisco.

Dysentery (Bacillary)

3 cases from Los Angeles County.

Food Poisoning

2 cases from the following counties: Los Angeles 1, Solano 1.

Influenza (Epidemic)

29 cases reported in the State.

Jaundice (Infectious)

6 cases from the following counties: Butte 1, Fresno 1, Los Angeles 1, Yolo 1, Yuba 2.

Malaria

One case from Yolo County.

Meningitis (Meningococcic)

25 cases from the following counties: Alameda 5, Kern 1, Los Angeles 3, Sacramento 2, San Diego 1, San Francisco 10, Solano 1, Ventura 1, Yolo 1.

Paratyphoid Fever

One case from San Francisco.

Pneumonia (Infectious)

81 cases reported in the State.

* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

Poliomyelitis (Acute Anterior)

8 cases from the following counties: Los Angeles 2, Orange 5, Santa Clara 1.

Rabies (Animal)

25 cases from the following counties: Fresno 2, Imperial 1, Kern 3, Los Angeles 15, San Diego 3, Stanislaus 1.

Rheumatic Fever (Acute)

6 cases from the following counties: Los Angeles 5, Solano 1.

Tetanus

One case from San Bernardino County.

Undulant Fever

9 cases from the following counties: Fresno 2, Los Angeles 2, Santa Barbara 2, Santa Clara 1, Yolo 2.

Gonorrhea

276 cases reported in the State.

Syphilis

613 cases reported in the State.

QUARANTINE PLACED ON MUSSELS

Dr. Wilton L. Halverson, Director of Public Health and Executive Secretary of the State Board of Public Health, on May 1 placed a quarantine on all mussels along the ocean shores of California, including the Bay of San Francisco, from the Oregon-California boundary line on the north to the California-Mexico boundary on the south.

All health officers and food inspectors were instructed to enforce the provisions of the quarantine and to prohibit the taking, sale or offering for sale of mussels in or from the area specified, with the exception that permission may be given to take mussels to be used for fish bait, if such mussels are rendered unfit for food purposes by processing with salt. It is stipulated further that the containers in which such processed mussels are placed must be labeled "For Fish Bait Only—Unfit for Human Consumption."

Health officers of the coastal and bay counties were instructed to place quarantine signs in conspicuous places, stating that mussels are unfit for human consumption if taken during the period May 1 to October 31 and that it is unlawful to take, sell or offer them for sale during that period. The quarantine signs must warn the public that clams should be cleaned and washed thoroughly before cooking them and that all dark parts should be discarded because the poison when present during the May to October period would be concentrated in the dark tissues. Only the white meat should be prepared for cooking and eating.

These regulations are in addition to any permanent quarantines that may have been established on shell fish because of sewage pollution.

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